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ABSTRACT

Recognizing the need to be proactive in redefining the role of nursing and allied health practitioners at the associate degree level and transforming curricula to meet the changing demands of health care, the Division of Health Technologies at Northern Virginia Community College, in partnership with local community agencies, implemented the Mobile Nurse-Managed Health Center Program (MNMHCP). The purpose of the MNMHCP is to develop a model of community-based clinical practice incorporating service learning as a structured part of the curriculum. The program's objectives are structured around the following three components: (1) community impact, focusing on the provision of health care to underserved populations and developing health education resources; (2) participant impact, including improving the civic commitment and leadership skills of 150 nursing and allied health students by engaging them in direct provision of primary care services; and (3) institutional impact, focusing on the development of new curricula and stronger partnerships with community organizations. Students in the program participate in 64 hours of service-learning during a 4-week community-based practicum, while health care services are offered 4 days a week at over 10 sites. Appendixes include a chart and objective forms illustrating differences between the current Nursing Program curriculum and the proposed Nursing Service Learning Curriculum developed as part of MNMHCP project. (TGI)

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ROCKY CHAIRLAND:

EDUCATING A CHANGING HEALTH CARE WORKFORCE

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Biographical Information

Dr. Charlene Connolly
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Dr. Charlene Connolly serves in the capacity of Division Chair, Health Technologies at Northern Virginia Community College (NVCC), Annandale, Virginia. The division is seen as a critical partner of the region-each year's graduating class provides service to over 500,000 individuals annually. Dr. Connolly provides leadership for forty full-time faculty, over 200 adjunct faculty and clinical instructors and program staff.

Dr. Connolly's grasp of the changing focus of health care from acute care to community-based care and the need for cross-training has made NVCC's Health Technologies Division an educational leader in providing education for the nurses and allied health professionals of tomorrow. Dr. Connolly has received over $1,500,000 in grant funding this past year to support community service learning in community-based health care settings, recruitment and retention efforts through Health Careers Opportunities Program (HCOP) and Nursing Education Opportunities Program (NEOP) and Tech Prep/School-to-Work.

Dr. Connolly has been recognized for her leadership by the National Community College Chair Academy and has received a 1994-95 "Outstanding Community & Technical College Chair" award. This award is given each year to only six people in the United States and Canada. Dr. Connolly is an alumnus of the Virginia Identification Program for the Advancement of Women in Higher Education. Dr. Connolly is on the Board of the Virginia Association of Allied Health Professionals, serves on the statewide Area Health Education Task Force on Allied Health and on the Northeast Area Health Education Advisory Board.

Prior to joining NVCC in 1991, Dr. Connolly was the Director of Health Education at Kaiser Permanente in Southern California. In this role, Dr. Connolly was responsible for the health education needs of over 2.5 mission members. Dr. Connolly began her professional career as a public health nurse in New York. She taught Nursing at community colleges for over 15 years.

Dr. Connolly earned a Bachelor of Science in Nursing from Hunter College, a Master of Arts in Parent-Child Nursing/Education from New York University and a Doctorate in Educational Leadership from St. John's University.

Dr. Connolly thinks of herself as a visionary leader who recognizes the value of individual faculty and staff. She mentors several faculty and staff within the Division of Health Technologies. Both mentoring partners are strengthened from the experience.

"Rocky Chairland: Educating a Changing Health Care Workforce through Service Learning Initiatives"

As the paradigm shift in health care delivery occurs from the acute care setting to more cost effective, managed care alternatives, the emphasis on community-based services and health promotion and disease prevention become paramount. Projections indicate that by the year 2000 approximately only 30% of health care will be provided in acute care settings. Health care policy changes which affect health practitioners are occurring in relation to the alternative settings in which health care will be delivered, as well as in providing access to health care services for the underserved. Educating a health care workforce that is responsive to these changes towards community-based care and sensitive to the needs of the medically underserved is a challenge for higher education.

The Division of Health Technologies, Northern Virginia Community College (NVCC) has recognized the need to be proactive in redefining the role of nursing and allied health practitioners at the associate degree level and transforming curricula to meet the changing demands of health care.

In 1994, an assessment of NVCC nursing and allied health students' attitudes towards providing community-based health services indicated a trend across all disciplines: **While students generally identified the importance of providing community-based services, the majority of students attached a high value only to those roles associated with acute care.** This was a disturbing finding; the need to enhance nursing and allied health students' commitment to community and public service became critically evident to us.

In response to these challenges, the Division of Health Technologies, in partnership with local community agencies such as the American Lung Association of Northern Virginia, Fairfax County Public Health Department, Reston Interfaith and the Area Office on Aging and other institutions of higher education, was successful in receiving grant funding from the Corporation for National Service, Learn and Serve America: Higher Education. This funding supports the implementation of a community-based clinical practice, a **Mobile Nurse-Managed Health Center Program (MNMHC)**.

The purpose of the **MNMHC** is to develop a demonstration model of community-based clinical practice incorporating service-learning as a structured part of nursing and allied health curricula. As an outreach effort focusing on community, cultural, physical and social needs, NVCC nursing and allied health students provide free primary health care services to special populations in the northern Virginia area. The community sites selected for service were specifically identified by local county health departments.

The objectives and outcomes of the **MNMHC** address three components:

COMMUNITY IMPACT:

Objectives-(1) Provide weekly primary care services to underserved populations in alternative care, community-based settings (2) Provide 5,000 language-appropriate health education resources.

Outcomes-(1) Develop self care skills and attitudes, (2) Utilize appropriate community services to meet health care needs and (3) Assume primary responsibility for health care decisions.

PARTICIPANT IMPACT:

Objectives-(1) Engage 150 nursing and allied health students in direct provision of primary care services with the goal of increasing awareness of the value of community-based health care, (2) Increase the social and civic commitment of 150 nursing and allied health students, (3) Improve leadership aptitudes of 150 nursing and allied health students related to problem-solving and case-management, (4) Increase the participation of 150 nursing and allied health students in interdisciplinary team-management (5) Increase the choice of student participants for a community-based health career, (6) Increase the knowledge of health education and behavior change theory for students and faculty.

Outcomes-(1) Develop an appreciation for community service, (2) Explore community based careers, (3) Provide competent health care services to diverse populations and (4) Strengthen collaborative relationships.

INSTITUTIONAL IMPACT:

Objectives-(1) Develop new community-based nursing and allied health curricula, (2) Develop stronger partnerships with community organizations supporting the **MNMHC, (3)** Utilize the success of this demonstration project for the long-term goal of sustaining the **MNMHC**.

Outcomes-(1) Develop community-based curricula, (2) Strengthen partnerships to sustain the MNMHC and (3) Increase NVCC's recognition of service-learning.

The blending of academic study and community service is an integral aspect of the **MNMHC**. Structured service-learning experiences serve as a basis for weekly community-based clinical rotations which meet the following objectives: (1) identify individual risk-factors, (2) promote positive health habits, (3) motivate individuals to set healthier life style goals, (4) provide primary care services and (5) initiate appropriate referrals and follow-up.

The **MNMHC** is staffed by a nurse practitioner, public health nurse and a van coordinator. Each time the **Mobile Nurse Managed Health Center** is operational, a core of five nursing students and five allied health students representing the disciplines of Dental Hygiene, Emergency Medical Services, Medical Laboratory Technology, Radiography, Respiratory Therapy, Medical Office Management and Physical Therapist Assisting as appropriate, are assigned to the unit. A nursing faculty from the community college will be assigned direct clinical instruction for this practicum. Nursing faculty will have full authority and responsibility for student learning and safety while they are assigned to the **MNMHC**.

Each student participates in 64 hours of service-learning during a four-week community-based practicum. Health care services are offered four days per week at more than ten different community-based sites. Health assessment, screenings, client education and chronic disease monitoring are the major services provided. Clients are given access to primary and preventive health care services on a weekly basis, allowing for return visits. Clients are provided with referral and action plans to better understand how to become more self-sufficient in obtaining health care resources for themselves and their families.

A major component of this experience is the emphasis on the students' social responsibility and commitment to community-based service. The structured service-learning experiences include exposure to specific populations. Students are given the opportunities to assess, teach, monitor, interview, make referrals and write client action plans. Students participating in service-learning activities not only provide direct community service, but also learn about the context in which the service is provided, and understand the connection between the service and their academic course work. Students are assigned special responsibilities related to client care and health problems that include: Assessment of the problem, analysis of the problem, developing goals and objectives to respond to the problem, responding to the problem and finally evaluating the results from actions taken.

Faculty supervise all aspects of the students' service experience. They hold pre- and post-conferences daily to facilitate students' reflection on the experiences as a whole and on individual client problems. These reflections are shared among all students in the group and enable them to collectively use critical thinking skills to resolve immediate threats to an individual's or the community's health and welfare. Students write a paper on the service experience according to structured guidelines.

Capacity building activities are included which focus on educating both students and faculty in health education techniques and theories associated with behavior change such as those dealing with self-efficacy. Specific strategies are implemented to assist the students to effect positive behavior change in their clients. Additionally, students are inserviced by the **MNMHC** public health nurse in regard to case management, coordination of care, referrals to community resources, home care services and the concepts of managed care. These aspects of training have been incorporated into the curriculum, identified by specific competencies and objectives. Additional video and computer resources related to community-based care and health promotion and education are available for students' use.

Students become familiar with the concepts of language-appropriate health information and education resources. Students utilize their knowledge of cultural orientations of individuals when planning care for clients representing diverse population groups.

As an identified clinical practicum, the value of the **MNMHC** community-based experience becomes heightened. Students identify with the positive aspects of providing care to underserved populations and recognize the

paradigm shift in the provision of health care services to the community setting.

The following **"EXHIBITS"** have been included to demonstrate the curricular changes that have taken place as a result of incorporating service learning experiences through the implementation of the **Mobile Nurse Managed Health Center**.

EXHIBIT I: The following chart illustrates the difference between the current Nursing Program Curriculum and the proposed Nursing Service Learning Curriculum:

Current Nursing Curriculum	Nursing Service-Learning Curriculum
1.Faculty designed clinical practicums	1.Student designed clinical practicum
2.Community Service activities are voluntary with no follow-up	2.Community service activities are a structured part of the Reflective Educational Curriculum framework
3.Clinical rotations include community based service, but are only observational.	3.Formalized weekly interactive clinical rotations occur as part of the **MNMHC** delivery of primary care
4.Clinical practicums are hospital controlled.	4.Clinical practicums are client/ population controlled
5.Focus is on leadership and management in the hospital setting.	5.Focus is on identification of unmet needs in the community and ways as change agents to positively influence meeting those needs.
6.Students focus on costs and quality	6.Students focus on accessing quality care for clients.
7.Nursing practice based on Modified Primary Functional Care Delivery Model.	7.Nursing practice based on Interdisciplinary Team Delivery Model.
8.Students focus on individual clients and their community, cultural and social needs and how they affect the patient.	8.Students focus on the client's community, cultural and social needs and relate unmet needs as causative agents to the disease processes.
9.Students focus on the acute or episodic aspects of illness.	9.Students focus on assessment and health promotion and disease prevention.

EXHIBIT II: The two following Clinical Practicum Objective Forms illustrate the difference between current Nursing Curriculum and the Nursing Service-Learning Curriculum of a clinical practicum of a Senior Center Community Experience:

Current Nursing Curriculum (Under Revision)

SENIOR CENTER COMMUNITY EXPERIENCE

Outcome: The nursing student will initiate, work thorough and terminate a therapeutic relationship with clients; will apply effective communication skills in interpersonal relationships with the health teams.

Objectives:

1. Observe and collect data for nursing care plan.
2. Listen attentively to clients and health team members.
3. Use self to promote nurse-patient relationships.
4. Be aware of non-verbal behavior.
5. Assist R.N. mentor in promoting physical and psycho-social health of clients.
6. Follow directions.
7. Write a summary of each day's activities and of the total experience.

Proposed Nursing Service Learning Curriculum

SENIOR CENTER COMMUNITY EXPERIENCE

Outcome: Focusing on providing service which responds to unmet community needs, the nursing student will identify the causative agents related to the disease processes of senior clients, design plans for client care and health education, implement those plans of care and identify the value to the student of serving in the role of a change agent to improve community services.

Objectives:

1. Research nursing and psycho-social literature related to the elderly population.
2. Identify current community resources available to the elderly population.
3. Develop a community-based care plan which focuses on the service learning experience.
4. Develop an action plan which focuses on creating change as a result of community service.
5. Identify both the short and long term client desired outcomes.
6. Identify the health promotion and/or disease prevention services that could have prevented the disease processes in your client.
7. Identify ways in which the services you provided during this experience could become a permanent aspect of community service.
8. Identify ways in which this community service learning experience has demonstrated value in providing health care alternative settings.